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CENTRAL FAX CENTER Attorney Docket No. 990228

AUG 03 2005

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of)
Anthony Mauro) For: METHOD AND APPARATUS FOR
Serial No. 09/489,194) ACHIEVING CRYPTO-
Filed: January 20, 2000) SYNCHRONIZATION IN A
) PACKET DATA
) COMMUNICATION SYSTEM
) Group No. 2135

RESPONSE TO OFFICE ACTION

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated May 4, 2005, and accordingly submits the requisite fee herewith.

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

I hereby certify that this correspondence is, on the date shown below, being:

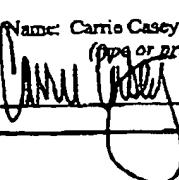
MAILING

deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

FACSIMILE

transmitted by facsimile to the Patent and Trademark Office on August 3, 2005.

Depositor's Name: Carrie Casey
(Type or print name)

Signature: 

08/05/2005 CHGUYEN 00000015 170026 09489194

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PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

Application or Docket Number

9/489194

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	40 minus 20 =	20
INDEPENDENT CLAIMS	6 minus 3 =	3
MULTIPLE DEPENDENT CLAIM PRESENT		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	MINUS	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	40	40	=
	Independent	6	6	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	MINUS	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	40	40	=
	Independent	6	6	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	MINUS	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	14	40	=
	Independent	14	0	= 8
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE	OTHER THAN OR SMALL ENTITY
RATE	345.00
OR	690.00
X\$ 9=	360.00
OR	234.00
X39=	234.00
OR	260.00
+130=	
TOTAL	1204.00
OR TOTAL	1204.00

SMALL ENTITY TYPE	OTHER THAN OR SMALL ENTITY
RATE	ADDITIONAL FEE
OR	X\$18=
X39=	
OR	X78=
+130=	
TOTAL	ADDITIONAL FEE
OR	ADDITIONAL FEE

RATE	ADDITIONAL FEE
X\$ 9=	
OR	X\$18=
X39=	
OR	X78=
+130=	
TOTAL	ADDITIONAL FEE
OR	ADDITIONAL FEE

RATE	ADDITIONAL FEE
X\$ 9=	
OR	X\$18=
X39=	
OR	X78=
+130=	
TOTAL	ADDITIONAL FEE
OR	ADDITIONAL FEE

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